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Original Communications.

A CASE OF ADHERENT PLACENTA.

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THE following case is one of a class which occur very seldom, and it is reported with the hope that it may prove of some interest to the members of this Society.

J. F., æt. 26, a large, robust woman, who had always enjoyed excellent health, except while ill with lung fever in January, 1871, was taken with the pains of labor at the full term of her first pregnancy on the afternoon of January 6th, 1872. At one the next morning, after moderate pains and less than the usual amount of fatigue, the child was born. As soon as the cord was tied and the child removed, I proceeded, as usual, to deliver the placenta by using external pressure over the fundus uteri together with traction upon the cord. I practised this method at intervals, for an hour, but finding that it failed, I then passed my right hand into the vagina and slowly into the uterus. The placenta was found firmly attached to the uterine walls at its usual point of insertion. I made careful attempts with the fingers to detach the edges, but the struggles of the patient and the firm contractions of the uterus rendered the task almost impossible. After several unsatisfactory trials, a portion of the placenta, including the cord, was removed—the amount in all did not exceed a quarter part of a normal after-birth. No hæmorrhage followed the operation, and no further interference was deemed advisable, as the patient had become very much exhausted from the protracted efforts of nearly three hours. Ergot was given to continue the contractions, and opium to relieve the pain and nervous irritability.

Jan. 9th.—Two days after confinement—the patient had been very comfortable until last night, when a slight chill occurred. She complains now of abdominal pain—has no appetite. Tongue nearly covered with a thick white coat. Pulse 112. Ordered one grain of quinine every two hours, and opium p. r. n.

Jan. 10th.—Had a severe chill last night, followed by profuse perspiration. Passed about six ounces of coagulated blood. Abdomen swollen and very tender on pressure. Milk and lochia suppressed. Pulse 120. Brandy and beef-tea were ordered every two hours. Opium as before. Hot applications to the breasts and genitals.

10, P.M.—She was seen by Dr. Harlow. Had had a very uncomfortable day, with another severe chill during the afternoon. Quite a quantity of clotted blood was found in the vagina, and some pieces of the membranes extracted from the os uteri. She complains of weakness and abdominal soreness. Carbolic acid injections were ordered twice daily, and the previous treatment continued.

Jan. 11th.—Had a severe chill about midnight. Slept a little. Complains principally this morning of a "fluttering" sensation in cardiac region. Is very much depressed, and thinks she is dying. Pulse 136; respiration 36; temperature 102°.

Jan. 12th.—Had a slight chill again last night. Slept some after two grains of opium. Feels rather better this morning. Milk and lochia returned, the latter quite offensive and very profuse. Pulse 120; resp. 30; temp. 101°.

Jan. 13th.—No chill. Pulse 112. General condition better.

Jan. 15th.—Perspiration, day and night, still very profuse. No hæmorrhage. Less abdominal tenderness. Pulse 112; tongue cleaner.

Jan. 27th.—Three weeks after confinement.—The patient has been slowly improving, though still unable to sit up. Uterine tumor distinctly felt, and apparently larger than usual. No hæmorrhage. Lochia nearly ceased. Face very pale. Pulse 108.

March 7th.—Two months after confinement.—Has improved steadily since last report. Now sits up several hours every day.

March 18th.—Has been out to-day for

the first time, and thinks she is nearly as strong as ever.

Various theories have been advanced by different writers to explain the causes of abnormal adhesions of the placenta to the uterus. From the last edition of Cazeaux, we copy the following: "According to most authors, they are owing to a fibrous transformation of the cellular filaments which hold the placenta together, whereby they acquire a degree of solidity sufficient to withstand the uterine forces. These adhesions have also been referred to the degenerations of the placental tissue itself, as well as to various osseous and calcareous concretions. * * * The generally received opinion is, that these abnormal adhesions result in consequence of an inflammation of the placenta, or of the uterine wall during gestation, which is terminated by the exudation of plastic and coagulable lymph between the contiguous surfaces."

IRRITABLE UTERUS.

Read before the Quarterly Meeting of the Rhode Island Medical Society, March 20th, 1872, by W. O. Brown, M.D., Providence, R. I.

Soon after commencing practice, I was employed to treat several cases of vaguely defined uterine affections. From that time to the present, similar cases have been of frequent recurrence in my own practice, and I presume mine is no uncommon experience. A single sketch, which is made from memory only (after a lapse of twenty years), may answer my purpose of bringing the subject before you.

One of the first cases which I recall was that of a widow lady, about 40 years of age, small in stature, thin and of a nervous temperament. She complained of pain and bearing down in the uterine region, with general debility and nervousness. This had been her condition for a long time, and she had been under the treatment of several physicians without permanent benefit. Digital examination revealed considerable uterine tenderness, and the speculum, at times at least, showed congestion of the os and cervix uteri. The uterine sound could be introduced without much difficulty, although there may have been some uterine flexion and want of firmness, or tonicity in the uterus and appendages. This was about the time when Dr. Bennett's practice and writings had done so much to direct attention to congestion, abrasion and ulceration of the os and cervix, and to ante- and retro-versions and flexions of the uterus. The patient was carefully examined, and treated for most of these affections, according to the approved methods of the time. Applications were made of solutions of nitrate of silver, and of solid caustic, injections were used and leeches applied to the cervix, and extra- and intra-uterine pessaries and abdominal supporters and bandages, were tried. Tonics were given, and a general supporting plan of treatment was adopted. The most important result was to arrest leucorrhœa, and to afford temporary, or only partially permanent, relief. During the treatment, the benefit of experienced counsel in this city was enjoyed.

Several cases of the general character of the above, which need not be here described particularly, occurred during my first year of practice, and afforded opportunity to try the various methods and remedies then recommended in such cases, and to be much disappointed with the results.

Is there any general misapprehension of the nature, prognosis and treatment of a large number of similar cases which might be classed under one head?

Anatomically and physiologically it will be sufficient to call your attention to the fact that when in a healthy and natural condition, the uterus is held in position in the centre, or axis of the superior strait of the pelvis, by four pairs of ligaments. These are mostly made up of fibrous tissue, containing a few muscular fibres, together with bloodvessels, nerves and lymphatics; and are possessed of tonicity and elasticity, permitting of limited but free movements of the uterus in every direction, so as to accommodate itself to the variable conditions of the bladder, rectum, small intestines, and to its own extension during pregnancy. So long as the uterus and its appendages retain their normal structure and tonicity, the organ oscillates within certain not very circumscribed limits, yielding and recovering its position without pain or inconvenience. The uterus and its appendages possess all the elements, as nerves, muscles, fibrous tissue, bloodvessels, &c., which, entering into the structure of other organs, make them subject to neuralgia, rheumatism, painful congestions and the like. Moreover, the bloodvessels of the fundus and body of the uterus, being very numerous and tortuous, and the veins being without valves and subject to such great enlargement after puberty, the liability to all the above painful affections must be greatly increased, and the more so since the uterus is partially detached from the vital protection of the rest of the body, be-

ing in some sense foreign to it, and is at the same time, including the ovaries, the subject of intense emotional and periodical excitement. Is any other organ of the body so completely exposed to the invasion of neuralgia or nervous irritability as this, during the period of menstrual life? Should not a liberal share of the suffering in this region be credited to this source? Is it probable that, in an organ constructed to admit of so free motion, variations in position which the most erudite touch cannot determine to be beyond normal limits, are the most common cause of the suffering which we know to be experienced so frequently in this region? Is not the altered position and flexion usually a secondary result, and due to a loss of tonicity in the organs involved? If the affirmative of these hypotheses be true, neuralgia, or nervous irritability, becomes a very extensive and important division of uterine affections.

If we understand him, this condition is what Prof. Hugh L. Hodge classifies as "irritable uterus," and defines it briefly as "that state of the nerves of the organ in which they are preternaturally susceptible to impressions." This subject was a prominent, if not principal (but we fear little appreciated) topic in his lectures, and makes up a large part of his treatise upon "The Diseases peculiar to Women." It is not because we regard it as an agreeable or a classical subject that it has been chosen as a text for this essay, but because it is believed this condition is often misapprehended and confounded with other uterine affections, greatly to the prejudice of the practitioner and patient, being a fruitful source of error in prognosis and treatment, and too often of empiricism or intentional imposition. It is not designed in this article to enter minutely into an investigation of the causes. It is sufficient to say that they are such as induce neuralgia in other parts of the system, many of which become more effective in the uterus and its appendages because of its peculiar structure, position and functions. It may be well to mention the want of pure, fresh air and the influence of the frequent, but little understood atmospheric changes as common causes of nervous irritability.

If we accept Prof. Hodge's definition of irritable uterus as "that state of the nerves of the organ in which they are preternaturally susceptible to impressions," the diagnosis of uncomplicated cases is very easy and certain; and in those cases which are caused by or are associated with organic lesions, as acute or chronic inflammation, hypertrophy, displacement, flexion or malignant disease, &c., the particular local lesion may often if not always be recognized and its influence taken into account.

Especial importance attaches to the *prognosis* in these cases, that neither physician nor patient may be lured into disappointment by false estimates or into a too active and mischievous course of treatment. "It is a general truth," says Prof. Hodge, "that neurotic diseases disappear at fifty years of age. The married woman looks forward with pleasure to this period of her existence, when the sufferings of maternity shall cease. The martyrs of neuralgic complaints (always dying but still surviving), whether married or single, whether blessed with children or denied this great privilege of woman, bend their thoughts and wishes to the same important epoch. Far off it may be. * * * * Still the hope arises, and should be encouraged, that amid the revolutions of the animal functions, pain and distress will cease, and the blessing of health will be again granted. * * * *

"Happily, however, by attention and appropriate treatment, irritable diseases can often be arrested, and health restored, long before the period of the cessation of the menses. * * * * A perfect recovery may be very confidently anticipated in most of the ('uncomplicated') cases, and occasionally the restoration to health is very rapid."

Your essayist does not assume to instruct this audience of learned and experienced physicians in the general treatment of uterine diseases, but there are certain points in the treatment of uterine irritability and its complications which seem to him to be very useful, and it is mainly to these that he proposes to allude.

It is desirable, clearly, to mark the distinction between simple nervous action, constituting *nervous* irritability, and *organic irritability* arising from inflamed muscular or other tissues; in other words, that there is painful nervous, uterine irritation, without inflammation or discoverable organic lesion. The one form requiring, in brief, antispasmodics, the other antiphlogistics; a combination of the two demanding a similar modification of the treatment. An inflamed, irritable and hypertrophied uterus, which may be incurable, may, by rest and a cooling and soothing course of treatment, aided ultimately perhaps by mechanical support, cease to be troublesome. Relaxation of the ligaments, versions and flexions of the uterus, resulting from want of tonicity in the parts, participating, it may

be, in a general want of tone in the system, at once suggest such remedial measures as shall restore firmness and tone where it is deficient—a general tonic and supporting plan, varied according to indications, and adapted to particular lesions. Iron, in the absence of acute inflammation, internally, and the free use of water, both internally and externally, is often of the very greatest service.

Direct applications to irritable or inflamed parts are usually most effectual. A syringe, throwing a continuous stream, which can be made to bathe the cervix uteri and vagina, affords a very complete means of accomplishing this object. When it can be borne, two or three quarts of water, of such temperature as is most agreeable, without leaving an after chill, applied in this manner once or twice a day, may afford great and lasting relief. Mucilaginous injections will often be more useful. Cold, even ice-cold, water, if it does not leave an after-chill, is of course most antiphlogistic and tonic; due precaution always being observed in making applications during the menstrual week. Medicated, astringent or antiseptic injections, as solutions of sulphate of zinc, nitrate of silver, carbolic acid, &c., will be suggested by the conditions of the case, as will warm or cold bathing, antispasmodics, &c.

As illustrations, two cases are narrated, but briefly to avoid the unnecessary prolongation of this paper. During the latter part of the summer of 1871, a middle-aged, married English woman came under treatment. She complained of great pain and tenderness through the lower part of the abdomen. There was old hypertrophy and induration of the uterus, with acute inflammation, pain and tenderness, involving to a considerable extent the pelvic tissues. There were indications of congestion of the portal system, and she was purged repeatedly with protochloride of mercury, and kept at rest in bed. Under use of antiphlogistics, anodynes, and fomentations to the abdomen, she slowly improved. After some weeks, she was put upon the use of liberal vaginal injections of warm water, with benefit. These were changed for cold water with most gratifying effect, and she was soon about her household duties. She informed me recently that she still continues to use the injections of cold water, sometimes ice cold, daily, with a constant sense of refreshment and relief.

A married, middle-aged lady came under treatment some years since, complaining of pain through the uterine region, with dragging down, and general nervous prostration of the system. She had been treated for so-called ulcerations, displacements, &c., without marked or lasting benefit. Careful digital examination revealed nothing of displacement, to which the symptoms could satisfactorily be referred. She had some leucorrhœal discharge, for which she was directed to wash out the vagina with tepid water, and use the sulphate of zinc injections, and to take the tincture of iron internally. It was evidently a case of neuralgic or irritable uterus; ultimately, she found large injections of warm water, with iron and other supporting treatment, best adapted to her case; and being satisfied that neuralgia may as well invade the uterus as any other organ, she "bides her time" with a good degree of cheerfulness.

Error in many of these cases is believed to be two-fold; it consists in attempting to cure what can only be palliated, and in failing to use the best palliative means.

Dr. Hodge remarks that "there are few patients who will not be benefitted by letting water fall on the spine from a spout or a pitcher; the higher the fall of water, and the more prolonged the time employed, the greater the impression." This is to be succeeded immediately by friction with coarse towels, hair gloves, &c. &c., and, if required, by rubefacients. In some cases he says, "especially in winter, the patient's back being exposed to the direct heat of a fire, and the rest of the person being protected by blankets, the 'douche' may be resorted to with great freedom, and almost a certainty of a favorable reaction." "Cold, when thus employed, merely to the spine, is invaluable." He also recommends sponge baths to the rest of the body, and says, "Perhaps no woman in a non-menstrual condition should neglect the free use of cold water to the pudendum, at least once every day," and except at such periods, "*cold-water* vaginal injections should be a daily resource."

The following are some of the principal points which it has been the object of this paper to maintain.

1st, From the structure, position and functions of the uterus, it is peculiarly subject to pure neuralgia, or nervous irritability, termed, by Prof. Hodge, "Irritable Uterus," and which is thought to be the most frequent source of error in the diagnosis, and of charlatans in the prognosis

and treatment of uterine diseases, often resulting greatly to the prejudice of the physician and patient.

2d, Uterine irritability is often a consequent of, or associated with, organic disease of the uterus, thus complicating the diagnosis and treatment. The one being an attendant upon menstrual life is usually self limited, requiring an antispasmodic and tonic method of treatment; the other demanding rest, antiphlogistics, and, perhaps, mechanical support.

3d, Not discarding other remedies, water is directly and especially applicable in these cases, internally and externally, at temperatures varying from ice cold to hot; it may thus be made to fulfil various indications as an antispasmodic, antiphlogistic, or as a tonic.

Foreign Correspondence.

LOSTORFER'S CORPUSCLES.

VIENNA, March 20, 1872.

MESSRS. EDITORS,—I wish I could head this letter "Syphilitic Corpuscles" with a conviction of the proper application of the term to the bodies in question; but so much ridicule has been showered upon the new discovery, that the medical community has very generally moderated the fervor of its first reception and now holds its judgment in suspense.

Having neither time nor opportunity for private research, and therefore aspiring only to present a true reflexion of the current opinions about this interesting subject, I must crave indulgence, if the tenor of my communications changes, chameleon-like, from time to time.

A new paper by Dr. Lostorfer has recently appeared in the "Jahrbuch der Gesellschaft der Aerzte," of which Stricker is editor; but little additional light is, however, thrown upon the subject, either by the article itself, or by the postscript and notes appended by Stricker. I will give a few disjointed extracts that seem not to have been inserted in the paper already transmitted to you.

"By no means all of the corpuscles were spherical, many were irregular. * * * On being kept eight or ten days, one vacuole formed in each of the larger corpuscles, which continually increased in size, until, at length, it was only enclosed within a thin wall of double contour. With this the development of these corpuscles ceased to be observed, even though watched for month.

"The contents of the corpuscles I have tested by the addition of various fluids, such as a solution of sugar, distilled water, Pasteur's fluid, a one-half per cent. solution of vinegar. These fluids, if added on the first days, had the same effect, despite their different qualities. The corpuscles shriveled up into dark irregular formed masses, and all farther development was arrested; the solution of sugar and Pasteur's fluid acted the most speedily. When added on the sixth or eighth day after the appearance of these corpuscles, the fluids caused in them a shrinking together, but this was much less marked than in the previous experiments. Many of the large corpuscles appeared as though folded, and assumed an irregular outline, others remained spherical, but diminished in size, their contour became more distinct, and their brilliancy paled. A farther development I only noticed on the addition of distilled water (!), of a very weak solution of sugar, and in one case of a one-half per cent. solution of salt. These changes consisted in a quick enlargement of the vacuoles, a formation of sprouts, and, finally, the pushing out of long processes, bearing a close resemblance to micelium.

"Since in no specimen of blood from a non-syphilitic person are the described corpuscles to be found, even with the most minute examination, they must be regarded as characteristic of syphilitic blood."

Here follow the records of thirteen cases of syphilis, in its various stages of exanthema, roseola, pustules, papules, ulcers, &c. &c.

"Finally, I am convinced," he adds, "that a connection between these corpuscles and syphilis is established, but not necessarily that my corpuscles are the bearers of the contagion of the disease."

All of Dr. Lostorfer's publications are characterized by the same vague, unscientific, and, at times, contradictory descriptions, utterly inadequate to guide others in their efforts to confirm or refute his claims. Prof. Stricker's note and postscript are clear, emphatic and valuable, as far as they go. I will give a translation of the gist of them.

"Since my name has been involved in this not unimportant announcement, I find myself called upon to detail the tests, to which I subjected Dr. Lostorfer. On the first occasion, twelve numbered specimens were laid before Dr. L., of which two (Nos. VIII. and IX.) were from non-syphilitic, and ten from three different syphilitic patients.

L. returned the answer, after several days: Nos. VIII. and IX. non-syphilis, two specimens spoiled, the remaining syphilis. At the second test were seven preparations: Nos. I. and III. from a syphilitic, the rest from a non-syphilitic individual.

"The third time nine specimens were given to Dr. L., of which Nos. III., V. and VIII. were from a syphilitic and the remainder from a non-syphilitic person. In both of these cases the syphilitic specimens were picked out after four days, and the remaining designated as non-syphilitic, excepting two ruined specimens in each series.

"At the 4th test, twelve preparations were made, four from syphilis and eight from non-syphilis. The reply was that nothing could be found. The specimens had accidentally been exposed to a temperature of from –12 to –15 Celsius.

"At the fifth test, in which Prof. Hebra participated, four non-syphilitic and three syphilitic specimens were given. The reply was:—four non-syphilis, bearing the numbers corresponding to the numbers of the syphilitic specimens in the protocol, which Prof. Hebra had kept secret; a fifth was designated as certainly syphilis and two as useless."

"At the sixth test was one syphilis with three non-syphilis given, at the seventh two syphilis with four non-syphilis; in both cases the reply was in accordance with the protocol.

"At the eighth test, Dr. Kaposi (Moritz Kohn), who has studied the corpuscles as co-worker of Lostorfer's, selected from six specimens set before him four syphilis from two non-syphilis, also in accordance with the protocol. In conclusion, I must remark that for the non-syphilitic I selected men who appeared in every way to be healthy. S. Stricker."

Later, Stricker accepts Prof. Wedl's statement that it cannot be expected of any scientific man that he shall test every new discovery in the presence of its promulgator, as self-evident, but insists that, at least, investigators must be acquainted with the method of the discoverer, and follow it; he charges Prof. Wedl with a neglect of this, inasmuch as the latter added water to his specimens, in order to remove the blood corpuscles. "The blood corpuscles ought not," says he, "to cling together, as occurred in Prof. Wedl's preparations. The blood corpuscles must lie for the most part singly, near each other, and upon their broad sides. Every disk must stand out sharply from the surrounding plasma. A drop of water destroys the whole specimen, changes the whole picture. The red corpuscles become spherical, cloudy, are excited to hurried movements; the white corpuscles become in part torn, discharge their granular contents; the plasma becomes thicker than it was, many nuclei and masses appear, of whose origin no opinion can be formed; whatever is capable of imbibition imbibes and becomes spherical.

"If, then, Prof. Wedl makes use of water to render his preparations clearer, he has certainly never seen these corpuscles. In view of these facts, I have come to the conclusion that Prof. Wedl's opposition has nothing to do with Lostorfer's corpuscles. Stricker."

The commission to which the whole matter was referred by the Society has declined to act. First, Karsten considered himself affronted by the opposition to his name, when proposed, and more especially at Prof. Hebra's remark on adding his name to the list, "perhaps he won't accept."

Brücke and Billroth objected to serving, inasmuch as the question was not one of special interest to them, and in their opinion should be left to the further researches of the specialists in that branch. The remaining members of the commission, concurring in their view, were, on application to the Society, relieved from duty.

I trust next week to be able to give you a more satisfactory description of these corpuscles, as I am following them from day to day in their development in the preparations of a friend, who has been studying them for two months under the supervision of Dr. Lostorfer.

I am yours, &c.

James R. Chadwick, M.D.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED FOR THE JOURNAL.

The Society met Saturday evening, March 30th, the president, Dr. Lyman, in the chair.

Dr. Fitz presented a specimen of *cirrhosis of the liver* complicated with malignant disease. The case occurred in the practice of Dr. Breed, of Lynn. A tailor, 62 years old, of temperate habits, and without recognized hereditary predisposition, had noticed for some time a tumor in the right hypochondrium, whose origin was thought to have some connection with the continuous use of the lap-board. Last summer, however (1871), his condition suggested

to him the increasing necessity for medical advice. There was progressive emaciation and general depression, with sallowness of the skin. In December last, a distinctly marked tumor was determined beneath the ribs on the right side, impinging upon them and forcing them upwards. It was tender on pressure. In course of time, the dulness on percussion over this growth had extended well towards the median line of the abdomen. In January, an attempt was made to determine the nature of the new growth; the needle of a hypodermic syringe was inserted vertically into the most prominent point of the swelling, entering as it appeared a solid mass. The piston being withdrawn, semi-solid matter followed, which, under the microscope, exhibited epithelium, mucus and blood, characters which led Dr. Fitz to diagnosticate malignant disease. The patient failed progressively, without any very decided symptoms, and died March 26th.

At the autopsy, some three quarts of dark-red, bloody fluid were removed from the peritoneal cavity, that last removed quite thick and blood-like. A large mass of freshly-coagulated blood, a half-inch in thickness, was found covering the right lobe of the liver.

Spleen normal in appearance, rather paler than usual.

Liver rather small, quite firm; surface granular, with yellow, sub-peritoneal nodules, of the size of a bean and smaller, which, on section, were found to be made up of a soft, yellow mass. One nodule, of the size of a small peach, projected, at least, an inch above the surface of the organ, the peritoneum over which was denser, thicker, more opaque than elsewhere, and was connected with the diaphragmatic peritoneum by means of several firm, fibrous bands. Occasionally, other nipple-like pendulous prominences were observed, rather soft and of a dark-red color.

The entire organ was of a marked, yellow color. On section, firm bands of gray, moderately translucent fibrous tissue were seen to traverse the organ in various directions, separating the parenchyma into larger and smaller masses. This surface presented, at greater or less intervals, rounded, homogeneous, universally yellow, slightly elevated, softened patches. On pressure, these were squeezed out as cylindrical plugs, of the consistency of ice-cream, leaving behind cavities and canals, with relatively smooth, apparently fibrous walls. A section of the large nodule, previously referred to, showed in its interior similar yellow, smeary portions, more or less lobulated, interspersed with partially decolorized, hæmorrhagic masses, intervening between which were delicate bands of firm, white tissue.

Gall-bladder, ductus cysticus, hepaticus and communis, apparently normal.

In intimate connection with the porta of the liver, covered by peritoneum, and presenting numerous adhesions to the surrounding viscera, was a soft, rounded, yielding tumor, of the size of the fœtal head. On palpation, an indistinct feeling of fluctuation existed. Over the anterior surface of this mass the posterior wall of the stomach and the great omentum were adherent; the duodenum also was adherent to the lower inferior, and, to a slight extent, posterior portions. The tail of the pancreas apparently was not involved, and numerous relatively normal lymphatic glands were found behind the tumor. On section, it was found to be quite distinct from the liver, though intimately adherent to the lower surface of the right lobe.

The cut surface presented an appearance suggestive of a lobulated condition, and showed that the tumor was made up of a soft, yellow, pulpy mass, surrounded by tolerably dense septa of fibrous tissue. The yellow portion was easily washed away by a jet of water.

Microscopically, the structure was that of alveolar cancer, in an advanced stage of fatty degeneration.

The stomach presented no unusual appearances; just beneath the pylorus, in the posterior wall of the duodenum, two round, sharply-cut ulcers were observed, extending fairly through the mucous membrane, the bases covered by a gray muco-purulent layer. The adhesions between the tumor and the serous surface of the intestine at this point were not unusually firm, nor was there any evidence of perforation. Several scattered, isolated, grayish nodules were found on the parietal peritoneal surface in the immediate vicinity of the tumor.

The portal vein outside the liver was partially obstructed with softened cancerous masses, and its branches in the liver often completely plugged with the same.

Primary cancer of pancreas (?), cancer of liver, chronic interstitial hepatitis, double chronic ulcer of the duodenum, ascites and fatal hæmorrhage into the abdominal cavity, probably from the cancerous nodules projecting from the surface of the liver, constituted the complication of organic lesions which destroyed the patient's life.

Dr. Jackson remarked, concerning this

case, that it illustrated a coincidence of hepatic diseases he thought very rare, viz., the simultaneous presence of cirrhosis and of encephaloid. This coincidence, taken in connection with the hæmorrhage, the immediate cause of death, made the instance one of remarkable interest. It was the third case of the kind within his knowledge; and the two others, of which he made the dissections, were characterized by such an identity of clinical history and were so nearly similar, in many points, to the present one, that their details might not be considered uninstructive in this connection.

The first case occurred in the practice of the late Dr. Hayden, in 1840. The patient was an active business man, 40 years of age, who, although in somewhat delicate health (the symptoms of prominence suggesting a phthisical tendency), was able to attend to his duties with the usual vigor up to within eighteen hours of his death. The attack which terminated his life came on suddenly two hours after dinner, the initiatory symptoms being chiefly those of colic. Six hours before death, marked symptoms of internal hæmorrhage supervened. On examination, after death, the abdominal cavity was found to contain a wash-basin full of bloody fluid, with a large single coagulum. As usual, where blood is effused into a serous cavity, Dr. J. remarked, there was no inflammation. Beneath the serous surface of the peritoneum were ecchymosed patches, but the source of the hæmorrhage, after a careful search, was not discovered. The liver was in a condition of universal cirrhosis, and there were a number of encephaloid nodules, the largest of these, however, being only about an inch and a half in diameter. The surface of some of these nodules was ecchymosed. The spleen, as is so often the case in cirrhosis, was enlarged.

The second case occurred in April, 1844, and in the practice of the late Dr. Townsend, Sen. Like the first patient, this man presented no distinct symptoms of local or general disease prior to the fatal seizure. His age was 68 years, and he was engaged until the day before his death in active business. On rising from his bed at 5½, A.M., he felt rather unwell and laid down again; faintness soon came on, with intense pain in the region of the diaphragm, and he died at 6½ o'clock. The peritoneal cavity contained four or five quarts of blood. The liver was affected with cirrhosis to a marked degree. Encephaloid disease appeared in multiple masses of small size, with one large nodule, broken down in the centre and filled with a clot of the size of the fist; this larger mass pushed upward against the diaghragm, presenting a distinct bulging within the thoracic cavity. Near it, was a cavity of considerable size, filled with old pale fibrin; and this was undoubtedly the result of hæmorrhage, as the patient was said to have had an attack, similar to the fatal one, about a month before his death.

Dr. J. remarked upon the curious negative fact that in these three cases there existed in the liver two distinct and important forms of disease, and yet neither of them was manifested by what are often regarded as characteristic symptoms. Cirrhosis most satisfactorily explains ascites, and yet he had met with the most marked cases in which there was neither dropsy, nor any symptom that led to a suspicion of the disease, and so encephaloid of the liver may be perfectly latent, unless the deposit is so situated as to obstruct the passage of the bile through the large ducts.

Dr. Folsom reported a case of *malignant disease of the liver*, and exhibited the specimen. The patient, a man of 49 years, dated the commencement of his illness in June last, at which time he was obliged to cease work because of progressive debility. His condition, however, did not appear to him to require medical aid until December; then, on examination, a tumor was found occupying the right hypochondrium and the epigastrium. A small nodule was to be felt to the left of the umbilicus; this growth was tender, but not painful, and it increased in size with considerable rapidity. No decided symptoms were experienced until within a month of death; then pain about the umbilicus began to call for remedies. Chloral was sufficient to give relief at first, but opium was resorted to as the distress increased in severity. The emaciation and weakness became extreme. Five or six days before death, very intractable nausea and vomiting supervened. There was no ascites or jaundice.

On examination, *post mortem*, the liver was found greatly enlarged, its weight being estimated at ten pounds. The organ occupied the whole hypochondrium. On its surface were several umbilicated nodules of encephaloid; and an inch beneath the surface was one large mass, the size of the fist. Discrete nodules of cancer were observed in both the large and small intestine. The kidneys were soft and friable and their pelves were filled with fat.

Dr. Fitz presented a *supra-renal capsule* in a state of cheesy degeneration. It had been removed from the body of a large, robust man, who died suddenly without any special history of disease. He had been about his business until the moment of death. The interest attaching to the specimen lay in the entire absence of pigmentation of the skin which is supposed to accompany caseous degeneration of the capsule in Addison's disease. The capsule of the opposite side was apparently normal.

Dr. Jackson remarked upon the fact of one renal capsule only being affected. He had an impression that, in all the cases that had been observed here, both the capsules were diseased; and it might seem that the absence of symptoms in the present case may have been owing to the healthy condition of one of the capsules, if the disease was not in some cases latent in one organ while degeneration is evident in the other.

Dr. Webber exhibited two *electro-chemical batteries* of the Drescher pattern. Their features of superiority as compared with other batteries were their portability, the simplicity of their mechanism and their permanency and durability. The facility of increasing the intensity of the current by adding, without shock, individual cells to any required number, was dwelt upon as an advantage. In other essential particulars, however, these portable batteries were considered as less valuable than those of Daniell, or others which, being permanent and stationary were adapted only to office practice.

Dr. Webber read the report of a case of *paralysis of the lower extremities* following a fall from a carriage. The paper will appear in this JOURNAL.

Dr. Ellis remarked, with reference to cases like that reported, that he deprecated the use of the expression concussion of the spine or of the brain, so common in connection with a fall or a blow followed by prolonged or severe symptoms. In such cases, he considered the term concussion a loose and purely theoretical one; an expression of the ignorance of physicians concerning the true lesion. When paralysis or prolonged insensibility followed injuries of the head or spine, he believed there was something more than a concussion or "shaking up," and that there was probably a laceration or some similar lesion of central nerve-tissue. Concussion was applicable rather to the temporary stun often seen as the result of a blow.

Dr. Webber said that he had long believed that in such instances of injury followed by important nervous symptoms there was often a condition of capillary apoplexy. Any adequate knowledge, however, of the lesion to the nervous centres in the so-called cases of "concussion" largely depended on the microscope, and was not easily determined, even by that means.

Dr. B. Joy Jeffries reported a case of *traumatic rupture of the choroid coat of the eye*, following a blow on the forehead, and attended by loss of vision. The ophthalmoscope showed at the fundus a crescentic fracture of the choroid traversed by the retinal arteries and presenting the white, glistening, subjacent sclerotic layer. The loss of sight, though not complete, was hardly to be explained by this single lesion, and the rupture itself was remarkable as following a blow on the forehead instead of, as is usual in such cases, a direct violence to the eye.

Dr. Jeffries demonstrated his method of determining the limits of the field of vision in such cases by means of a blackboard, upon which is placed a frame containing a series of small wires arranged so as to divide the surface into squares to serve as a scale by which to mark the outline of the field of sight.

Dr. Wadsworth had seen a case of rupture of the choroid in which the crescentic fracture was very extensive. Sight in that case was much impaired, but was gradually restored.

Dr. Jackson showed a card-photograph of a girl of five years, who had begun to menstruate at fifteen months old, and had had the regular catamenial flow every two months since. The picture represented a remarkably mature facial expression, and a development of the mammæ sufficient for adult womanhood.

Dr. Bowditch alluded to a mistake made by a druggist in compounding a prescription, whereby a patient took for hæmoptysis a powder containing forty grains instead of five grains of powdered ergot. A violent emetico-cathartic effect followed, with relief to the hæmorrhage.

Dr. Williams called the attention of the Society to the fact that since the last meeting three of its members, physicians held in high regard by the profession and by the public alike, had died—Drs. Gordon, Forsyth and Morrill. He moved that a committee be appointed to present at the next meeting resolutions expressive of the sense of the Society with regard to the decease of the members alluded to.

The motion being adopted, the Chair ap-

pointed Drs. Williams, Wheeler, Jackson, Ware and Bowditch as the Committee.

Adjourned.

Selected Papers.

THE USE OF SULPHATE OF QUININE AS A SUBSTITUTE FOR ERGOT.

By Dr. E. Bouque. Translated for the Journal from the Annales de la Société de Médecine de Gand, 1872, by W. L. Richardson, M.D., Boston.

A new chapter is to be added to the history of quinine and its compounds. Dr. Angelo Monteverdi, Surgical Director of the Hospital in Crémone, in a recent work* containing many new ideas, derived from an extensive clinical experience, claims that these preparations possess a property whose existence has not till now been suspected. This property, according to this author, consists in its stimulating effect on the ganglionic nervous system, by means of which all the muscular fibres of the organs under its control (such as the uterus, bladder, intestines, &c.) contract physiologically or pathologically, according to the dose in which the drug is administered. This peculiar property of quinine is especially shown by its action on the gravid uterus. The contractions which it produces in this organ differ essentially from those which follow the administration of ergot. These latter are very powerful, succeeding each other with an increasing rapidity, till, between the contractions, there no longer exists any perceptible interval, the uterus remaining permanently contracted, oftentimes for more than an hour. The contractions which quinine, when properly administered, produces are entirely different. The pains in this case are perfectly physiological in character, and do not differ in the slightest from true labor pains. Their periodicity is identical; each pain commences feebly, increasing gradually in severity until it reaches its greatest intensity, and then as imperceptibly diminishing, it gives way to an interval of rest of longer or shorter duration, according to circumstances. This peculiar property of quinine has long been noticed, although observers have till now paid but little attention to it.

Forti, whose excellent researches on fevers and the various preparations of cinchona are even at the present day highly esteemed, quotes many cases of pregnant women who, being attacked by fever and treated by quinine, aborted. Puccinotti, an Italian author who wrote a history of a fatal epidemic of intermittent fever which prevailed in Rome during the years 1819, 1820 and 1821, gives the account of a woman, eight months pregnant, to whom quinine was given and who, a few hours later, gave birth to a living child. In the *Journal de Pharmacie et de Chimie* (October, 1845), Dr. Petit-Jean is represented to have said, with many of his associates, that in their section of the country, where intermittent fevers are endemic, quinine, administered to pregnant women, often produces abortion. Dr. Churchill, in his work on the *Diseases of Women*, alludes to a case reported by Dr. Davis, in which quinine was given to a woman five months pregnant, who was suffering at the time from an attack of tertian intermittent fever, and, according to Dr. Davis, the medicine produced an abortion.

All these facts, so important from a therapeutical point of view, are quoted by Dr. Monteverdi in his work already alluded to, and the writer, referring to his own experience, says that, in 1854, while in charge of a large medical district in the province of Crémone, he observed many similar cases. Since then he has noticed in his own private practice that a premature labor frequently followed the administration of quinine. With a view to explaining, if possible, this phenomenon, he set to work making experiments with the drug in question. From cases observed in his own practice and in that of his friends, he succeeded in collecting a valuable series of cases, which he gives in detail in the work referred to. The conclusions which he draws from these numerous experiments and observations are as follows:—

1. Sulphate of quinine succeeds perfectly in all cases where it has been administered to expel the placenta.

2. Given with a view to bring on suspended labor pains, or uterine action rendered inefficient through inertia, it has always acted successfully with one exception, and in that case ergot also failed.

3. In cases where ergot failed to produce uterine contractions, sulphate of quinine succeeded, and in a very marked manner.

4. The child was always born alive, except where the death depended clearly on some extraneous cause.

5. The patient experienced no unplea-

* Dimostrazione di una nuova importantissima virtu medicamentosa della china, etc. Crémona, 1870.

sant symptom from the quinine, with the exception of some slight *tinnitus aurium*.

6. The sulphate of quinine gave these results when administered in the dose of one gramme (18·83 grains) in solution or powder, divided usually into three or four doses and given with succeeding intervals of half an hour, an hour and two hours.

7. Sulphate of quinine may be given at any time during the progress of the labor, and does not interfere with the subsequent use of instruments.

8. In cases of simple inertia the following prescription produced most favorable results, even when given before the complete dilatation of the os and rupture of the membranes :—

℞. Extrait de quinquina, 3 grammes.
Eau destillée de cannelle,
" " de citron,
Sir. d'écorces d'oranges, āā 30 grms.

Dose, a teaspoonful every half hour.

9. The uterine contractions produced by sulphate of quinine come on gradually within thirty minutes after the administration of the drug and last at least two hours, gradually increasing in intensity, with intervals of rest between each pain identical with those of true labor pains.

I have lately had an opportunity in my own practice of witnessing the effect of quinine given under the following circumstances :—

The patient was a small, stout woman, 36 years of age, of feeble constitution and of a temperament decidedly *lymphatique*. Her first pregnancy, which was before her marriage, ran a regular course, and terminated in a long and tedious labor, a dead child being extracted by forceps. Since her marriage, she has been eight times pregnant. The first child lived half an hour. The fourth was delivered by version, the child living ten weeks. The sixth, a hydrocephalic child, was delivered dead by forceps. The other pregnancies all ended prematurely before the seventh month.

At the date of my first visit (May 22, 1871), she had been pregnant a few days over six months. During this time, with the exception of some slight pain along the sacro-coccygeal region, she had experienced no unusual symptom. May 18th, she was suddenly seized with severe paroxysmal pain in the lower part of the abdomen, and extending through the upper part of the thighs. This was accompanied by a slight bloody vaginal discharge. She went to bed, and these symptoms gradually disappeared. From that time, she thought that the active movements of the child occurred less frequently, and very feebly. She continued to perform her usual household duties till the afternoon of the 22d, when the pains returned, this time accompanied by a copious bloody discharge. It was then that I first saw her. She was lying in bed, decubitus dorsal, apparently suffering great distress. Her face was pale, lips colorless, skin cold, pulse rapid and weak. The uterus gave no evidence of contracting. No pains had occurred since she went to bed. The vagina was filled with clots of such firm consistency as to prevent easy access to the uterus. By external palpation, no fœtal movements could be felt, nor could the fœtal heart be heard by careful auscultation. Rest and cold acidulated drinks were ordered. There was no further hæmorrhage, and the patient was soon able to sit up some hours without inconvenience. Towards the evening of the 30th, a copious, colorless discharge came from the vagina, continuing several minutes. The os was slightly dilated, the opening being perhaps half an inch in diameter, and across it lay the fœtal head. On pressing back the presenting part of the child, some greenish black fluid escaped, which, from its odor, I recognized as meconium. The fœtal movements had ceased, and no fœtal heart could be heard. The uterine contractions became weaker and weaker, notwithstanding the friction which I kept up over the uterine tumor. When these contractions finally ceased, a pretty sharp hæmorrhage began. Twenty drops of laudanum were given, and cold applications were made externally. In about twenty minutes, and after she had taken forty drops of laudanum, the flowing ceased.

The next day, I found her about the same, although, of course, somewhat weaker from the loss of blood. She had had no further pain. The abdominal walls were flaccid, the uterus relaxed and showing no tendency to contract. June 3d, another hæmorrhage occurred. The treatment of the 30th was repeated, and the flowing ceased.

It was evident that the child was dead, and therefore I determined to resort to active measures for hastening its expulsion. If left to nature, it seemed liable to remain and become a source of danger to the mother, since putrefaction was liable to begin at any moment.

At 7 o'clock in the evening, I gave her four grains of the sulphate of quinine. At 9 o'clock, the dose was repeated. Towards 1 o'clock, the pains began to return. At first they were weak and fugitive, but almost imperceptibly they grew stronger. The os gradually dilated. The head slowly

advanced. The contractions exactly resembled those observed during natural labor. They came on regularly, lasting two or three minutes, and then giving way to an interval of complete relaxation. The child, which was putrid, was born at quarter past 11. The placenta was removed without the slightest difficulty a few moments later. The uterus immediately contracted firmly. The patient made a quick recovery and is now well.

In a science so uncertain as medicine, it is necessary to exercise great caution in the reception of new ideas. A fact which has been noticed by only two or three observers cannot be admitted as established beyond a question without our running the risk of its being disproved a few days later by other observers just as accurate and reliable as ourselves. The case which I have reported does not seem to me to allow of being explained as a simple coincidence. For thirteen days, there had been no signs of labor. Within six hours after the administration of the quinine, the labor pains returned and continued without interruption until the fœtus was expelled.

My experience, coinciding most strikingly with that reported by M. Monteverdi, seems to me to warrant my calling the attention of obstetricians to this new property of sulphate of quinine, and to express the hope that others may at least give it a trial in order that the statement of the Italian physician may be either confirmed or disproved.

Medical and Surgical Journal.

Boston: Thursday, May 2, 1872.

AN EFFECTIVE AND READY METHOD OF VENTILATING SICK ROOMS.

The proposal by the Massachusetts Medical Society to award a prize for an essay on an effective and ready method of ventilating sick rooms—one that could be put in operation at once, at the moment needed, with least difficulty and expense called for—elicited, among others, the paper by the unknown author *x. y. z.*, which was adjudged worthy the prize.

The essay starts with the general principles that air, in full amount and of good character, is essential to the maintenance of life, that actual drafts and chills must be avoided as being depressing agencies, that cleanliness of person and of apartments are requisite, and that, especially, the rays of the sun should have opportunity to enter the sick room as much as possible. Chill is the great dread of the nurse, and the same dread is expressed by the physician under the term draught. But the problem is how to get the fresh air without at the same time incurring the chill or the draught; the answer is given in the words of the essayist—by a constant, general, moderate movement of air of proper temperature which is safe both day and night.

The author of the essay proposes to attain the desired end by lowering the upper and raising the lower sash of the window a few inches, and in order to avoid the draught which would be consequent on such an arrangement, he suggests the following device:—

"Fit into the window frame, near the bottom of the window, a thin piece of board six or eight inches wide and long enough to reach from side to side of the frame. Two pieces of clap-board fastened together by their thin edges make a board which is light, easily obtained, and, although not so neat, answers well. Push this piece of wood close up to the sash, but not so close as to prevent its proper up and down movement. Secure it in its place by a wedge, or in any other more substantial manner, so that it may be turned up and down as on a hinge next the sash. * * * If the opening is directed downward and the sash raised (never above the upper edge of the board), the entering air will go towards the floor. It is a fact easily demonstrated, that air striking a surface does not rebound from it like an elastic body, but moves parallel to the surface and diffuses itself along it. Air entering in the manner here described soon reaches the floor and gradually displaces the air above it until it fills the room, and this without perceptible draught to a sick person in bed. If the same board be placed with its lower edge upon the window-sill inside the sash and against the frame, leaving a space between the board and the sash, the entering current will have a movement directly upward; it will also enter between the sashes with the same direction. This is the proper arrangement when the patient is sitting up.

"To the upper sash, a similar board

should in the same way be fitted, also movable, with the opening turned obliquely upward. Air entering at the top of the window then strikes the ceiling along which it moves, is diffused, and all draughts avoided. This arrangement does not prevent the escape of air at the same place, if the current is in the opposite direction. 'Millinet' or other open material may be secured to either board or to the sash, to break the force of the current or to prevent the entrance of rain, insects or dust. A piece of cloth fastened to the lower edge of the lower board will lead the entering air along the wall as directly to the floor as may be desired. Triangular pieces of paste-board, nailed to the ends of the ventilating boards, will give the air a more definite direction. If the windows have no outside blinds, a board, like that described, outside of the sash, directed downward, effectually excludes rain.

FIG. 1.

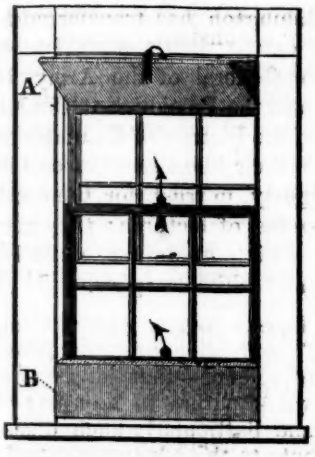

FIG. 1.—Window as seen from within. A and B, ventilating boards in position. The lower board directs the air to the floor, the upper board turns the air upward and diffuses it.

FIG. 2.

FIG. 2.—Ventilating boards, so arranged that the air is turned directly upward.

"By this method air can be made to sweep along the ceiling and along the floor, or in any other direction, without affecting unpleasantly a patient in bed or sitting up. The strength of the current is easily controlled by raising or lowering the sash. * *

"When the wind, instead of blowing against the window, is moving parallel to the wall of the house, it is often difficult to secure a current of air into the room. This difficulty can frequently be overcome in the following manner. Take a piece of board sixteen or eighteen inches long and eight or nine inches wide, place it on the sill edgewise against the window frame and let it project beyond the window, and so fasten it that it shall be turned obliquely towards the wind. Then shut the sash down upon the edge of the board, and the wind will be directed into the room. A similar board placed at the top of the window and turned from the wind, will aid in discharging the air from that part of the room. The efficacy of these boards may be increased by nailing strips of board on each of the two horizontal edges. They form, when thus arranged, a kind of wind-sails, and can obviously be combined in the same window with the boards first described. * * * * *

FIG. 3.

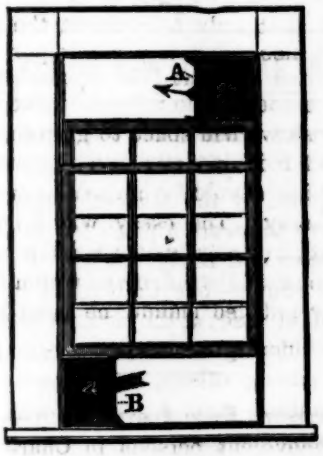

FIG. 3.—Deflecting boards to direct fresh air into the room at the bottom, and vitiated air out of the room at the top.

"The question often comes up, Is it safe to admit the *night air?* In certain malarious districts it may not be, but in all other cases sufficient air to keep the room fresh is always safe. Fresh night air will always be safer than night air contaminated with animal effluvia. Patients are no more liable to take cold by night than by day. Doubtless the temperature tends to fall in the absence of the sun and by the admission of colder air, but this can always be counteracted by increased fuel and, if need be, diminished ventilation. * * * * *

"The proper temperature of a sick-room may be assumed to be 68° to 70° Fahr. Generally, the temperature agreeable to attendants out of bed, is quite warm enough for a patient in bed. Throughout some diseases the heat-making power is diminished; in most febrile diseases, during some part of the twenty-four hours it is diminished. A 'fever turn' consists of a chill, then a hot turn followed by sweating. After this there is frequently a state of exhaustion, both of strength and heat, requiring care. During a tedious convalescence from typhoid fever, and in many other diseases, after the fever is gone, the temperature falls towards morning, and the weak require food and warmth. Cases, especially among the aged, are unquestionably lost for want of attention in this respect. Piling on clothes does little or no good; raising the temperature of the room does not meet the case; what is wanted is the immediate, direct application of heat by warm stimulating drinks, warm bottles to the feet, or, better still, warm blankets that envelope both feet and legs, and warm cloths to the 'pit of the stomach' frequently renewed. The object is not only to prevent the loss of heat, but also, what is more important, to supply from without that necessary heat which the body is too weak to make."

We wish we had space to give the essay in full, for it abounds in suggestions of value which should be household words in every family. The essay will be widely circulated, in accordance with the wish of the author that the money to which he was rightfully entitled should be used for this purpose.

Charlestown Free Dispensary.—A number of benevolent persons in Charlestown have recently organized a dispensary for the care and treatment of the poor. The institution has occupied rooms at 21 Harvard Square, which will be opened after the first of May on Mondays, Wednesdays and Fridays, from 10 to 12 o'clock, A.M. Dr. Henry Lyon has been elected President of the Dispensary, B. F. Stacey Treasurer, and G. Wyman Secretary. The medical staff consists of Drs. E. J. Forster and J. J. McCarthy, Surgeons; and Drs. J. G. Dearborn and J. A. McArthur, Physicians.

The Toner Lectures.—Dr. J. M. Toner, of Washington, has transferred to the Secretary of the Smithsonian Institution, the Surgeon-General of the Army and of the Navy and the President of the Medical Society of the District of Columbia, *ex officiis*, and to their successors, a certain amount of property, in trust, for the establishment of a course of lectures; they are to be delivered as is stated in the deed of gift, a portion of which we give.

"Whereas the said party of the first part [Dr. Toner], believing that the advancement of science—that is, a knowledge of the laws of nature in any part of her domain, and particularly such discoveries as contribute to the advancement of medicine—tend to ameliorate the condition of mankind, hath determined to convey and transfer to the said parties of the second part, and their successors, forever, in their several official positions as aforesaid, the hereinafter described real and personal property, amounting in value to about $3,000, 90 per cent. of the interest of which is to be applied for at least two annual memoirs or essays by different individuals, and, as the fund increases, as many more as the interest of the trust and revenue will in the judgment of the trustees justify, relative to some branch of medical science, to be read at the city of Washington at such time and place as the said parties of the second part and their successors as trustees may designate, under the name of 'The Toner Lectures;' each of these memoirs or lectures to contain some new truth fully established by experiment or observation, and no such memoir or lecture to be given to the world under the name of 'The Toner Lectures,' without having first been critically examined and approved by competent persons selected by said trustees for that purpose.

"It is further provided that such of the said memoirs or lectures as may be approved shall be published in such manner and

through such channels as said trustees may determine."

We learn that the trustees named have met and formally accepted the trust, and assumed the management of the fund conveyed by Dr. Toner. To give effect to the donation, they have organized themselves into a board, of which Prof. Joseph Henry is President, and Dr. J. M. Toner Secretary and Treasurer. The trustees are, therefore, now ready to receive communications or letters relative to the production of memoirs, under the auspices of this trust, from physicians and scientists engaged in original investigations, the dissemination of which is calculated to advance medical science.

Gastric Juice in the Treatment of Cancer and Syphilis.—Occasional reference has been made in the medical periodicals to the escharotic, antiseptic and alterative powers of gastric juice when applied topically to malignant growths. The subject does not appear to have received the attention at the hands of surgeons which it deserves, the chief obstacle in the way of more extended experiments being, without doubt, the difficulty in obtaining a sufficient supply of the agent alluded to.

In the *Clinic* for February 10th, may be found a report of a series of experiments conducted by Dr. Stöhr, of Würzburg. The investigations were made with gastric juice obtained from the stomachs of dogs, either by the establishment of fistulæ or by first killing the animal and opening the stomach without delay; the juice was also secured from owls and crows by the introduction of sponges into the œsophagus.

The application of this juice to the ulceration was made either by the use of a brush or by pledgets of cotton kept saturated. Experiments were performed upon primary syphilitic ulcers (both chancre and chancroid) and upon cancer. Very little pain attended the application. Examination of the sore three or four hours after the treatment showed upon the surface a layer of grayish-white, semi-transparent tissue of gelatinous aspect, moderately adherent; this layer thickened after the repetition of the application, and there was developed, after a few days, a decided tendency to healthy cicatrization.

The author thinks the gastric juice is, in a certain sense, a caustic; it digests the tissues to which it is applied, transforming them into pepsine. It acts upon the unhealthy ulcerations and quickly supplants a phagedenic sore by luxuriant granulations.

The pepsine as found in the shops may be utilized for local applications by dissolving one part in one hundred parts of distilled water, with one drop of hydrochloric acid and about five grains of common salt to the ounce of the solution. This artificial gastric juice is, however, inferior to the natural product.

Digitalis an Anaphrodisiac.—M. Gourvat is publishing, in the *Gaz. Med. de Paris*, a series of papers on the action of digitalis. In a late number (Dec. 23d, 1871) we find the following:—"When digitalis or digitaline is administered for some time to a man in full possession of sexual powers, the latter become gradually weakened, the propensities disappear, the liquor seminis diminishes by degrees, and may at last vanish altogether. These results are explained by the antiplastic and lowering action of digitalis. The antiphlogistic properties of the drug are the secret of its good effect in spermatorrhœa. With women, digitalis and digitaline excite strong, regular and intermittent uterine contractions, and control metrorrhagia; hence digitalis is employed in exciting abortion. (Tardieu.) It is probable that digitalis acts as an anaphrodisiac in women also, inducing, by long-continued use, impotence and sterility. In men it hinders the secretion of the liquor seminis, and in women it may interfere with the development of the Graafian vesicles, the propagation of the species being thus doubly retarded."—*Lancet*, Jan. 13, 1872.

The London Water-supply.—The people of the British metropolis appear to be considerably exercised concerning the water which is supplied to them for drinking and for other domestic purposes. The anxiety is not concerning the quantity of the supply, as was recently the case with our own city, but the filthy quality of the Thames river-water is becoming unendurable, containing as it does an abundance of impurities, the washings of dirty London air and of dirtier surface drainage.

Medical Miscellany.

Middlesex North District Medical Society.—At the annual meeting of the Society, the following appointments were made. *President*, Gilman Kimball, M.D., of Lowell. *Delegates to the American Medical Association*, Drs. J. H. Smith, J. H. Gilman, and F. C. Plunkett, of Lowell, J. M. Stickney, of Pepperell, Charles Dutton, of Tyngsborough, and G. A. Munroe, of Billerica.

Berkshire District Medical Society.—The following officers were elected at the annual meeting held at Pittsfield on the 24th ult. *President*, F. K. Paddock, M.D., of Pittsfield; *Vice-President*, Lewis Miller, M.D., of Stockbridge; *Secretary*, J. F. A. Adams, M.D., of Pittsfield; *Treasurer*, Henry Eastman, M.D., of Pittsfield; *Commissioner on Trials*, A. M. Smith, M.D., of Pittsfield.

Walker Society for Medical Improvement.—A number of the regular practitioners of Charlestown and neighboring cities have united themselves into a Society, under the above title, for the promotion of medical science and for the cultivation of confidence and good feeling among the members of the profession in the vicinity. The officers are as follows: *Secretary*, Dr. E. J. Forster, of Charlestown; *Treasurer*, Dr. C. A. Holt, of Chelsea; *Prudential Committee*, Drs. G. H. W. Herrick, of Charlestown, N. J. Knight and Horace Chapin, of Somerville.

The annual meeting of the Association of Medical Superintendents of American Institutions for the Insane will be held at Madison, Wis., during the last week in May.

Association of American Medical Editors.—This organization will hold its third anniversary meeting in Philadelphia, Monday, May 6th, 1872. The members will assemble for the transaction of business at 11 o'clock, A.M., and the President, Dr. B. F. Dawson, of New York, will deliver the annual address at 8 o'clock in the evening. The meetings will probably be held in Horticultural Hall, on Broad Street.

F. H. Davis,
Sec'y of the Association.

Chicago, April 24th, 1872.

A Novel Charity.—A gentleman near Manchester, England, has left the whole of his large residual estate for the foundation of a charity for the relief, at their own homes, of persons suffering from severe bodily or incurable diseases. The trust expressly stipulates that no part of the money shall be devoted to the purchase of land or buildings, or for the erection of buildings of any sort; and no person is to have more than £20 per annum. This charitable gentleman evidently has little sympathy with a system of hospitalism which treats invalid humanity by wholesale and breaks up all the ties of home relationship for the time being.

To Correspondents.—Communications accepted:—A Case of Gun-shot Fracture of the Femur.—Three Cases of Vaccination from a Syphilitic Subject.—A Method of discovering and correcting Astigmatism.—Cotton Wool as a Surgical Dressing.—A case of Recurrent Variola after a short Interval.—Erysipelas in connection with Vaccination.

Books Received.—Science Primers. Chemistry by H. E. Rosco, Professor of Chemistry in Owens College, Manchester. New York: D. Appleton & Co. 1872. Pp. 103. (From A. Williams & Co.)—Science Primers. Physics by Balfour Stewart, Professor of Natural Philosophy in Owens College, Manchester. New York: D. Appleton & Co. 1872. Pp. 135. (From A. Williams & Co.)—The Physiological and Therapeutical Action of the Bromide of Potassium and Bromide of Ammonium. By Edward H. Clarke, M.D., and Robert Amory, M.D. Boston: James Campbell. 1872. Pp. 178. (From the Publisher.)—Dr. Rigby's Obstetric Memoranda. Fourth Edition. By Alfred Meadows, M.D. Philadelphia: Lindsay & Blakiston. 1872. Pp. 104. (From A. Williams & Co.)—Worms. A Series of Lectures on Practical Helminthology. By T. Spenser Cobbold, M.D., F.R.S. Philadelphia: Lindsay & Blakiston. 1872. Pp. 187. (From A. Williams & Co.)—The Irritable Bladder; its Causes and Treatment, including a Practical View of Urinary Pathology, Deposits and Calculi. By F. Gant, F.R.C.S., Surgeon to the Royal Free Hospital. Third Edition. Philadelphia: Lindsay & Blakiston. 1872. Pp. 221. (From A. Williams & Co.)

Died,—In New York, 22d ult., Jos. H. Foster, M.D.

Deaths in eighteen Cities and Towns of Massachusetts, for the week ending April 27, 1872.

Cities and Towns.	*No. of Deaths.*
Boston	131
Charlestown	12
Worcester	32
Lowell	18
Milford	8
Chelsea	8
Cambridge	17
Salem	14
Lawrence	4
Springfield	10
Lynn	15
Gloucester	5
Fitchburg	4
Newburyport	4
Somerville	3
Fall River	16
Haverhill	8
Holyoke	5
	314

Prevalent Diseases.	
Consumption	50
Pneumonia	37
Scarlet fever	11
Measles	10
Erysipelas	9
Smallpox	8

The deaths from smallpox were as follows:—Five in Boston, two in Holyoke and one in Milford. Of the deaths from measles eight were in Worcester.

George Derby, M.D.,
Secretary of State Board of Health.

Deaths in Boston for the week ending Saturday, April 27th, 131. Males, 67; females, 64. Accident, 1—apoplexy, 4—amputation of thigh, 2—bronchitis, 5—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 10—cancer, 2—consumption, 23—convulsions, 1—debility, 7—diarrhœa, 1—dropsy, 1—diphtheria, 2—erysipelas, 4—scarlet fever, 4—typhoid fever, 2—disease of the heart, 3—intemperance, 3—disease of the kidneys, 2—laryngitis, 1—congestion of the lungs, 6—inflammation of the lungs, 12—marasmus, 4—measles, 2—mortification, 1—old age, 5—paralysis, 4—pleurisy, 1—premature birth, 3—puerperal disease, 3—rheumatism, 1—scrofula, 1—smallpox, 5—whooping cough, 1—unknown, 2.

Under 5 years of age, 46—between 5 and 20 years, 12—between 20 and 40 years, 28—between 40 and 60 years, 22—above 60 years, 23. Born in the United States, 98—Ireland, 28—other places, 5.